

# REVISIONS TO EXISTING RESIDENTIAL OR COMMERCIAL APPLICATIONS

**THIS APPLICATION MUST BE ACCOMPANIED BY 2 (TWO) SETS OF CONSTRUCTION DRAWINGS AND 3 (THREE) ACCURATE, FULLY DIMENSIONED SITE PLANS (IF APPLICABLE)**

PERMIT #:  PRSMS20210109  PROJECT NAME:  WATCM\_050 / 27107-050-F

SITE ADDRESS:  812 N. MERIDIAN, PUYALLUP, WA 98371

CONTACT PERSON:  Kevin Berry  PHONE #:  (847) 791-2770

CONTACT EMAIL:  kberry@talmanconsultans.com

DESCRIPTION OF REVISIONS:  See NOI response Memo

**NOTE BELOW ANY REVISIONS THAT APPLY TO THE PROJECT:**

**Indicate if you are increasing or decreasing square footage:**

Building Area (sq. ft.) +/-

1 <sup>st</sup> floor	_____ new _____ remodel	2 <sup>nd</sup> floor	_____ new _____ remodel
Garage	_____ new _____ remodel	Deck	_____ new _____ remodel
Basement	_____ new _____ remodel	Other	_____ new _____ remodel

**Revised Project Valuation:** \$ \_\_\_\_\_

<p><b>Plumbing Changes</b></p> <p><b>Example: +1 sink or -2 water closets</b></p> <p>_____ sink/lavatories _____ garbage disposal</p> <p>_____ water closet _____ floor drains</p> <p>_____ tub/shower _____ misc _____</p> <p>_____ dishwasher</p> <p>_____ water heater</p> <p>_____ lawn sprinkler/backflow</p>	<p><b>Mechanical Changes</b></p> <p><b>Example: 1+exhaust fan or -1 heat pump</b></p> <p>_____ furnace +/-100k _____ air-conditioner</p> <p>_____ gas piping _____ duct work</p> <p>_____ hood _____ fireplace</p> <p>_____ diffusers _____ exhaust fans</p> <p>_____ dryer vent _____ boiler</p> <p>_____ heat pump _____ misc _____</p>
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**If this is a change of contractor, please provide the following:**

Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT AND THAT THE CONSTRUCTION ON THE ABOVE DESCRIBED PROPERTY, THE OCCUPANCY, AND USE WILL BE IN ACCORDANCE WITH THE LAWS, RULES, AND REGULATIONS OF THE STATE OF WASHINGTON AND THE CITY OF PUYALLUP MUNICIPAL CODE.

*Raette Churchwell*   541-606-3680  DATE:  03 / 23 / 2022

**SIGNATURE OWNER / AUTHORIZED AGENT** **PHONE #**

OFFICE USE ONLY:

( ) Building: staff initials \_\_\_\_\_ Date \_\_\_\_\_ ( ) Plan: staff initials \_\_\_\_\_ Date \_\_\_\_\_

( ) Eng: staff initials \_\_\_\_\_ Date \_\_\_\_\_ ( ) Fire: staff initials \_\_\_\_\_ Date \_\_\_\_\_

( ) Traffic: staff initials \_\_\_\_\_ Date \_\_\_\_\_ \*REVISION FEES DUE \_\_\_\_\_